

## Licensing Requirements - Abortion Facilities

Prior to a facility being issued a license, all of the following actions shall be completed and approved.

A [license application form](#) must be submitted no earlier than 90 days prior to the projected opening date of the facility.

A license fee of \$5,000.00 must be submitted. *Make checks payable to the Texas Health and Human Services Commission. **Fees paid to the Department are not refundable.***

Submit names, Texas Provider Identification numbers if Medicaid-enrolled, National Provider Identification numbers, and license numbers and expiration dates of **all licensed professionals** who provide services at the abortion facility.

Provide the organizational structure of the staffing for the facility.

### Abortion Facility License Application

[Initial Licensing Form](#)

[License Renewal Online](#)

[License Renewal Addendum](#)

Agreement to sale. (*Change of Ownership Only.*)

*The Administrator listed on the application shall attend a pre-survey conference at the [Health Facility Compliance Zone Office](#) designated by the department. Contact the designated office to schedule the pre-survey conference.*

## Survey Components

During the initial licensing period, department zone office staff will conduct an on-site survey to ascertain compliance with the provisions of the [Health and Safety Code and associated rules](#). An entrance conference will be held with key facility personnel. Zone office staff will explain the survey process and answer questions. During the survey, zone office staff will:

- Review clinical records
- Review facility policies and procedures
- Review quality assurance activities

- Review personnel records
- Interview staff
- Conduct an exit conference with key facility personnel
- Discuss survey findings.

**Toll Free Telephone Number for Consumer Information on Abortion  
Facilities Compliance Issues**

[Toll Free Number \(English\)](#)

[Toll Free Number \(Spanish\)](#)

**For information regarding Facility Licensing**

**Contact Us**

Phone: (512) 834-6646

Fax: (512) 834-4514

Email: [infohflc@hhsc.state.tx.us](mailto:infohflc@hhsc.state.tx.us)

**Mailing Address**

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